



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/20/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYR000034447

FACILITY NAME -> ARROW MILITARY KITTING

MAILING ADDRESS -> 50 HORSEBLOCK RD
BROOKHAVEN, NY 11719

INSTALLATION ADDRESS -> 50 HORSEBLOCK RD
BROOKHAVEN, NY 11719

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: SEGNER-SCHULTZ, MICHAEL-DAN
SUPV
ARROW MILITARY KITTING
50 HORSEBLOCK RD
BROOKHAVEN, NY 11719

Please refer to the instructions for filling this form before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NYR000034447

II. Name of Installation (Include company and specific site name)

ARROW MILITARY KITTING

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

50 HORSEBLOCK RD

Street (Continued)

BROOKHAVEN

City or Town

BROOKHAVEN

State

Zip Code

NY

11719-

County Code

County Name

103 SUFFOLK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

SEGNER ORSCHULTZ MICHAELORDAN

Job Title

Phone Number (Area Code and Number)

SUPERVISOR

516-924-9400

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

STEVEN KAUFMAN CEO

Street, P.O. Box, or Route Number

SAME

City or Town

State

Zip Code

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

-

-

✓

Yes

No

-

-

-

Please call Doug 516 755 4000 or 8490

PORE SCHEDULE 2 at 1/13/94

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
 - ☒ a. Greater than 1000 kg/mo (2,200 lbs.)
 - ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
 - ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
 - ☐ a. For own waste only
 - ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
- 4. Hazardous Waste Fuel
 - ☐ a. Generator Marketing to Burner
 - ☐ b. Other Marketers
 - ☐ c. Boiler and/or Industrial Furnace
 - ☐ 1. Smelter Deferral
 - ☐ 2. Small Quantity Exemption
 - Indicate Type of Combustion Device(s)
 - ☐ 1. Utility Boiler
 - ☐ 2. Industrial Boiler
 - ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
 - ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
 - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
 - ☐ a. Utility Boiler
 - ☐ b. Industrial Boiler
 - ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
 - ☐ a. Transporter
 - ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
 - ☐ a. Process
 - ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| 1. Ignitable (D001) | 2. Corrosive (D002) | 3. Reactive (D003) | 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 D001	2 D008	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Daniel R. Schultz

Name and Official Title (Type or print)

Daniel R. Schultz, Department Supervisor

Date Signed

1/8/97

XI. Comments

New Contact person is Dan Schultz, 516-924-8490

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)